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Gregory Flickinger  
706.291.6071  
706.233.9021 FAX

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<b>To:</b> Commissioner of Patents	<b>From:</b> Gregory Flickinger
<b>Fax:</b> 571-273-8300	<b>Pages:</b> 47 (incl. cover)
<b>Phone:</b>	<b>Date:</b> October 31, 2006
<b>Re:</b> Serial No. 09/740,051	<b>CC:</b>

Dear Sir,

Please find herewith the following pertaining to Application Serial No. 09/740,051:

1. Amendment Transmittal Sheet
2. Amendment/Remarks.
3. Two (2) Declarataions under 37 CFR 1.131
4. Exhibits A (23p) and B (5p) supporting the above declarations

Respectfully,

Gregory Flickinger

Reg. No. 45,271

etc received 2p. (answering 45p.)

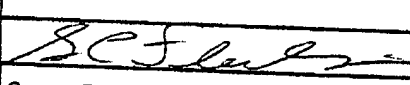
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/740,051
	Filing Date	Dec 18, 2000
	First Named Inventor	Flickinger
	Art Unit	3624
	Examiner Name	James Alpert
Total Number of Pages in This Submission	Attorney Docket Number	T900-11

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
	Additional Enclosures: (1) Two Declarations under 37 CFR 1.131 (2) Exhibits C and D supporting declaration. (28p)	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	Gregory Flickinger	
Date	OCT 31, 2006	
Reg. No.	45,271	

CERTIFICATE OF TRANSMISSION/MAILING	
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